



# WELLS MANUFACTURING COMPANY

DURA-BAR 1800 WEST LAKE SHORE DRIVE WOODSTOCK, IL 60098  
Phone 815-338-7800 Fax 815-206-6801

## EMPLOYMENT APPLICATION

Applicants are considered without regard to race, color, religion, age, sex, national origin, veteran status, disability, or any other legally protected characteristic by law.  
The company will comply with its obligation to provide reasonable accommodations to qualified individuals with disabilities.

### APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apt/Unit # City State ZIP Code County*

Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Age  Over 18  Under 18 If you are 18 or under give birth date (MM/DD/YY): \_\_\_\_\_

Are you a citizen of the United States or legally authorized to WORK in this country?  YES  NO

Have you ever worked for this company?  YES  NO If yes, when? \_\_\_\_\_

Are you willing to work any shift?  YES  NO Which shift do you prefer? \_\_\_\_\_

Are you able to work overtime (including Saturday)?  YES  NO

Position applied for: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

How did you hear about our opening(s)? \_\_\_\_\_

Have you ever been convicted of a felony?  YES  NO (Convictions will not necessarily disqualify applicant from employment)

If yes, explain (Include date(s)/place(s)/the nature of the offense): \_\_\_\_\_

### EDUCATION

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

### REFERENCES (Please do not list relatives)

NAME	ADDRESS	YEARS KNOWN	PHONE
			( )
			( )
			( )

AN EQUAL OPPORTUNITY EMPLOYER

**PREVIOUS EMPLOYMENT (Please start with present or most recent employer)**

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ (MM/YY) To: \_\_\_\_\_ (MM/YY) Reason for Leaving: \_\_\_\_\_  
May we contact your present supervisor for a reference?  YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ (MM/YY) To: \_\_\_\_\_ (MM/YY) Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ (MM/YY) To: \_\_\_\_\_ (MM/YY) Reason for Leaving: \_\_\_\_\_

Please list any further information, which may be helpful in considering your application such as significant work accomplishments, special training, specific interests, etc.:

**MILITARY SERVICE**

U.S. Military Service?  YES  NO Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I certify that all answers and statements contained in this application are both true and complete, and I understand that false, misleading or omitted information may result in rejection for employment or be grounds for dismissal. I understand that the company may investigate statements contained in my application, and this may include interviews with references and past employers listed. I consent to this investigation and consideration of any statements from references or former employers given in response, and I release all persons, companies or corporations supplying such information from liability and responsibility and any obligation to provide me with notice of such disclosures. If I am offered employment, I agree to undergo a medical examination, including drug testing, and I understand that any offer employment is contingent upon the results of those examinations. I authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information about me as may be necessary. I further understand that by law all individuals hired must, as a condition of employment, produce certain documentation to verify identity and U. S. citizen status or legal authorization to work in the United States; and I understand that

any offer of employment to me is contingent upon my ability to produce the required documentation. I agree that if I am employed I will abide by all rules and regulations of the company, including those relating to health and safety that are in force or may be put in force later and that my failure to comply will be grounds for discharge. I understand that any employment relationship with the company is for no fixed period and is terminable either by me or the company at any time and for any reason not in violation of the law, and no representative of the company other than the president of the company or it's chairman, has authority to enter into any agreement contrary to the foregoing, provided such agreement is in writing and directed to me personally. I further understand that statements contained in company policies, handbooks or other materials do not create any guarantee of employment and that the company may from time to time modify or terminate existing policies, practices, benefits, plans, or other programs within the limits and requirements imposed by law. I understand that I am not required to disclose any sealed or expunged conviction or arrest records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_